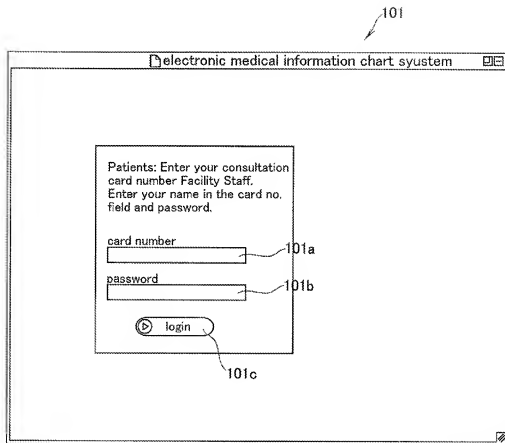


## Replacement Sheet

FIG. 2



## Replacement Sheet

FIG. 3a

131

interview sheet

Do you feel pain anywhere today? 131c

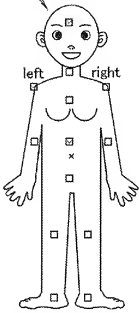
Hanako Osaka 131a  
date: 2003/10/03

131b

<input checked="" type="checkbox"/> face	<input type="checkbox"/> neck
<input checked="" type="checkbox"/> left shoulder	<input type="checkbox"/> right shoulder
<input type="checkbox"/> left arm	<input type="checkbox"/> right arm
<input type="checkbox"/> chest	<input checked="" type="checkbox"/> stomach
<input type="checkbox"/> waist	
<input type="checkbox"/> left leg	<input type="checkbox"/> right leg
<input type="checkbox"/> left foot	<input type="checkbox"/> right foot

to next screen

131d



## Replacement Sheet

FIG. 3b

132

interview sheet

Q: Which part of your face pains?

132a

<input type="checkbox"/> top of head	<input type="checkbox"/> forehead
<input type="checkbox"/> left temple	<input type="checkbox"/> right temple
<input type="checkbox"/> left eye	<input type="checkbox"/> right eye
<input type="checkbox"/> nose	<input type="checkbox"/> mouth
<input type="checkbox"/> jaw	

132b

left right

to next screen 132c

The diagram shows a computer monitor with a window titled 'interview sheet'. Inside the window, the question 'Q: Which part of your face pains?' is displayed. Below the question, there is a list of facial areas (132a) with checkboxes: 'top of head', 'forehead', 'left temple', 'right temple', 'left eye', 'right eye', 'nose', 'mouth', and 'jaw'. To the right of the list is a diagram of a human face (132b) with checkboxes placed on various parts: forehead, temples, eyes, nose, mouth, and jaw. The words 'left' and 'right' are placed near the ears. At the bottom of the screen, there is a double arrow pointing down and the text 'to next screen 132c'.

## Replacement Sheet

FIG. 3c

133

interview sheet

Face: How bad does it pain? Since when?

**Forehead**

degree of pain 133a

since when 133b

slightly hurts terribly hurts hurts

since when

--four or five days before this morning +

--a week to several months ago +

--six months ago +

**Right temple**

degree of pain

since when

slightly hurts terribly hurts hurts

since when

--this morning +

--a week to several months ago +

--six months to more than ten years ago +

**Jaw**

degree of pain

since when

slightly hurts terribly hurts hurts

since when

--this morning +

--a week to several months ago +

--six months to more than ten years ago +

to next screen 133c

↓

151a

151

150j 150k 150l 150m

interview sheet

interview sheet (facility use)

Doctor in attendance  
Naniwa Univ.  
Hospital  
Taro Kobe

patient code

patient name

151b

Hanaka Osaka  
[chief disease  
name]

chronic 151c  
sinusitis

diarrhea

151d

2003.10.3

Q1. Do you feel pain anywhere?

151g

face

• parietal region  
since when

• frontal region  
a month ago

• temporal region (right)  
a month ago

• temporal region (left)  
since when

• orbital region (right)  
since when

• orbital region (left)  
since when

• nasal region  
since when

• oral region  
others

• mental region  
since when

neck

• anterior neck region  
since when

• sternocleidomastoid region (right)  
since when

• sternocleidomastoid region (left)  
since when

shoulder

• suprascapular region (right)  
since when

• suprascapular region (left)  
a month ago

• lateral region of neck (triangle) (right)  
a month ago

• lateral region of neck (triangle) (left)  
since when

chest

• axillary region (right)  
four or five days

• axillary region (left)  
since when

• mammary region (right)  
since when

• mammary region (left)  
since when

# Replacement Sheet

FIG. 4b

152

interview sheet	
interview sheet(facility use)	
Doctor in attendance Naniwa Univ. Hospital Taro Kobe patient code /patient name  Hanako Osaka [chief disease name] chrinic sinusitis  diarrhea   2003.10.3	<div style="text-align: center;">152a</div> <p>Q1. Do you feel itchy anywhere?</p> <div> <div>face</div> <div> <p>• parietal region <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/></p> <p>since when <input type="text"/></p> <p>• frontal region <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/></p> <p>a month ago <input type="text"/></p> <p>• temporal region (right) <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/></p> <p>since when <input type="text"/></p> <p>• temporal region (left) <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/></p> <p>since when <input type="text"/></p> <p>• orbital region (right) <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/></p> <p>since when <input type="text"/></p> <p>orbital region (left) <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/></p> <p>since when <input type="text"/></p> <p>• nasal region <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/></p> <p>since when <input type="text"/></p> <p>• oral region <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/></p> <p>others <input type="text"/> seven mor</p> <p>• mental region <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/></p> <p>since when <input type="text"/></p> </div> </div> <div> <div>neck</div> <div> <p>• anterior neck region <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/></p> <p>since when <input type="text"/></p> <p>• sternocleido-mastoid region(right) <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/></p> <p>since when <input type="text"/></p> <p>• sternocleido-mastoid region(left) <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/></p> <p>since when <input type="text"/></p> </div> </div> <div> <div>chest</div> <div> <p>• axillary region (right) <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/></p> <p>four or five days <input type="text"/></p> <p>• axillary region (left) <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/></p> <p>since when <input type="text"/></p> <p>• mammary region (right) <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/></p> <p>since when <input type="text"/></p> <p>• mammary region (left) <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/></p> <p>since when <input type="text"/></p> </div> </div> <div> <div>shoulder</div> <div> <p>• suprascapular region (right) <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/></p> <p>since when <input type="text"/></p> <p>• suprascapular region (left) <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/></p> <p>since when <input type="text"/></p> <p>• lateral region of neck (triangle)(right) <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/></p> <p>since when <input type="text"/></p> <p>• lateral region of neck (triangle)(left) <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/></p> <p>since when <input type="text"/></p> </div> </div>

# Replacement Sheet

FIG. 5a

110d

110

110h

chart input system

111 details of carte 110b

111a disease name 111b 111d add item previous 110b present

1. select disease name 1 chronic sinusitis chief disease: 110c 110a

2. select disease name 1 diarrhea chief disease: 111c

chief complaint/history of present illness 112d

112 112a 112b

(\*) congested nose 1 I have a stuffy nose 112c 112e

(\*) abdominal pain 1 I go to the lavatory five times a day 112c 112e

itching of foot: overall reddish and tingling

history of present illness 112f

handwriting 112g edit

113

113a anamnesis 113b 113d add item

1. select disease name 1 epileptic seizures 1995/03/09 113c

2. select disease name 1 duodenal ulcer 2002/05/13

114

114a family history 114b 114d change to simplified version

● mother passed away at 79 in 2002

■ father stomach cancer found in 1995, 82 years old

110e Doctor in attendance  
Naniwa Univ.  
Hospital  
Taro Kobe

110f patient code /patient name  
Hanako Osaka  
[chief disease name]  
chronic sinusitis  
diarrhea

110g disease name  
chief complaint / history of present illness  
anamnesis  
anamnesis of family members  
observations  
inspection  
treatment  
next-reservation  
dosage  
injection  
comments

# Replacement Sheet

FIG. 5b

<p>Doctor in attendance Naniwa Univ. Hospital Taro Kobe</p> <p>patient code / patient name</p> <p>Hanako Osaka [chief disease name]</p> <p>chronic sinusitis</p> <p>diarrhea</p> <p>disease name</p> <p>chief complaint / history of present illness</p> <p>anamnesis</p> <p>anamnesis of family members</p> <p>observations</p> <p>inspection</p> <p>treatment</p> <p>next-reservation</p> <p>dosage</p> <p>injection</p> <p>comments</p>	<p>2. select disease name 1 duodenal ulcer 2002/05/13</p> <p>114b family history</p> <p>114a mother passed away at 79 in 2002</p> <p>114d change to simplified version</p> <p>father stomach cancer found in 1995. 82 years old.</p> <p>husband company employee, 42 years old.</p> <p>oferts daughter company employee, 19 years old.</p> <p>first son 17 years old.</p> <p>second son aspirin asthma 14 years old.</p> <p>115 observations</p> <p>115a</p> <p>2003.09.10</p> <p>edit</p> <p>115b inspection</p> <p>115c</p> <p>114c edit view</p> <p>115d add item</p> <p>2003.09.10</p> <p>edit</p> <p>search image inspection</p> <p>search general inspection</p> <p>add item</p>
--	--



# Replacement Sheet

FIG. 5c

	duodenal ulcer		2002/05/13	
Doctor in attendance Naniwa Univ. Hospital Taro Koba	<div>116 inspection</div> <div>116a</div> <div>116d add item 116b</div> <div>116c search</div> <div>117 treatment</div> <div>117a 117b 117c 117d add item</div> <div>118 dosage</div> <div>118a 118b 118c 118d add item 118e</div> <div>119 injection/instillation</div> <div>119a 119b 119c 119e add item 119d</div>			
patient code / patient name	<div>search image inspection</div> <div>search general inspection</div> <div>inspection name</div> <div>inspection ID</div> <div>date</div> <div>type of icon</div>			
Hanako Osaka [chief disease name]	<div>inspection name</div> <div>inspection ID</div> <div>date</div> <div>type of icon</div>			
chronic sinusitis	<div>1. select treatment name</div> <div>2. select treatment name</div>			
diarrhea	<div>1. select treatment name</div> <div>2. select treatment name</div>			
disease name	<div>1. select treatment name</div> <div>2. select treatment name</div> <div>3. select treatment name</div>			
chief complaint / history of present illness	<div>1. select treatment name</div> <div>2. select treatment name</div> <div>3. select treatment name</div>			
anamnesis	<div>1. select treatment name</div> <div>2. select treatment name</div> <div>3. select treatment name</div>			
anamnesis of family members	<div>1. select treatment name</div> <div>2. select treatment name</div> <div>3. select treatment name</div>			
observations	<div>1. select treatment name</div> <div>2. select treatment name</div> <div>3. select treatment name</div>			
injection treatment	<div>1. select treatment name</div> <div>2. select treatment name</div> <div>3. select treatment name</div>			
next reservation dosage	<div>1. select treatment name</div> <div>2. select treatment name</div> <div>3. select treatment name</div>			
injection	<div>1. select treatment name</div> <div>2. select treatment name</div> <div>3. select treatment name</div>			
comments	<div>instillation</div>			

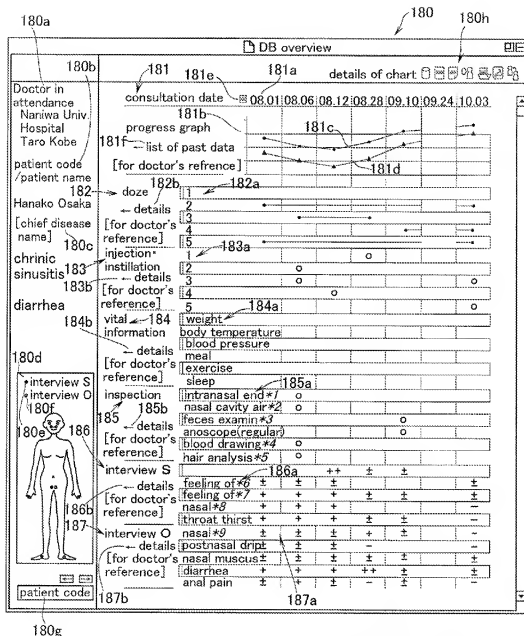
# Replacement Sheet

FIG. 5d

Hanako Osaka [chief disease name]  chrinic sinusitis  diarrhea	injection/instillation		add item
	1. [select treatment name]	Isebacin	200mg intravenous injection *
	2. [select treatment name]	Physiological saline	100cc
	<div> <div>instillation 119f</div> <div>           dilution: [dilution solution Solita T-3] [500cc]         </div> <div>           content: 1. [Broact] [2g]         </div> <div>           2. [Solu-Cortef] [200mg]         </div> <div>           3. [Ropion] [5mg]         </div> <div>           4. [Transamin-S] [20cc]         </div> </div>		
<div> <div>119g</div> <div>next reservation 120</div> <div>03.10.12 13:00~</div> <div>           comments 121           <div>121b</div> </div> <div> <div>handwriting</div> <div>edit 121a</div> </div> </div>			
disease name chief complaint / history of present illness anamnesis anamnesis of family members observations inspection treatment next-reservation dosage injection comments			

# Replacement Sheet

FIG. 12a



- \*1:intranasal endoscope(regular)
- \*2:nasal cavity air ventilation(regular)
- \*3:feces examination(regular)
- \*4:blood drawing (nonregular)
- \*5:hair analysis(nonregular)
- \*6:feeling of weariness
- \*7:feeling of weariness
- \*8:nasal congestion
- \*9:nasal congestion

## Replacement Sheet

FIG. 12b

